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FEC FORM 1	STATEMENT OF ORGANIZATION									Oi	ffice U	se On	ly			
NAME OF COMMITTEE (in	n full)	(Check if na is changed)	me	Exampl over the	e:If typir e lines.	ng, type		12F	E4M!	5						
COMMITT	EE TC	ELECT R	AND	AL W	/ALL	.ACI	E	1 1	1 1	1 1	I	l l	ı	1 1	ı	, I
ADDRESS (number a	nd street)	6506-C WILDWOOD	TRAIL													
(Check if address is changed)		MYRTLE BEACH						SC		295	572					Ш
													<u></u>			
			Cl					STATE	=			ZIP	COL)E		
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)		S (Please provide only deecpa@sccoast.ne		ail addre	ss)	1 1	1 1	1 1	1 1		1	1 1	ı	1 1	ı	I
COMMITTEE'S WEB	PAGE ADD	RESS (URL)														
(Check if	address															
is changed	d)															
2. DATE 0	5 29	/ Y Y Y Y Y Y 2012														
3. FEC IDENTIFIC	CATION NUI	MBER	C C00	508911												
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEN	DED (A	١)									
I certify that I have e	examined this	Statement and to the	ne best of	my kno	wledge a	and beli	ef it is	true,	correc	et and	d com	plete	١.			
Type or Print Name	of Treasurer	Deanna Cochran														
Signature of Treasure	Deanna (er	Cochran		[E	lectronica	ılly Filed	d] [ate	0.5	M /	D 3	31	1	2	2012	Y
NOTE: Submission of		us, or incomplete info									pena	Ities o	of 2	U.S.(C. §4	137g.

Use					Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)	
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